

UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA

GRO EILSABET SILLE

Plaintiff,

v.

PARBALL CORPORATION, *et al.*,

Defendants.

AND ALL RELATED MATTERS

Name of Debtor:

Stephen Chakwin, Jr.

Name of Creditor (the person or other entity to whom the debtor owes money or property):

Preferred Capital Lending of Nevada, LLC

Name and address where notices should be sent: Claggett & Sykes Law Firm, 8751 W. Charleston Blvd., Ste. 220, Las Vegas, Nevada 89117

Telephone number: 702-655-2346 **email:** sclaggett@claggettlaw.com

Name and address where payment should be sent (if different from above):

Same As Above

Telephone number: _____ **email:** _____

1. **Amount of Claim as of Date Case Filed:** \$ 440,522.23 As of January 4, 2013

2. **Basis for Claim:** Loans Advanced for Legal Costs
(See instruction # 2)

3. **Last four digits of any number by which creditor identifies debtor:** 809C

4. **Annual Interest Rate 39.95 %** Fixed or Variable

5. **Is the claim secured?** Yes No

6. **Is the claim perfected?** Yes No

If yes, state where the claim is perfected and method of perfection: _____

7. **Documents:** Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain: _____

8. **Signature:**

(See instruction #8)

Check the appropriate box.

I am the creditor. I am the creditor's authorized agent. (Attach copy of power of attorney, if any.)

I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor.

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Sean K. Claggett, Esq.

Title: Company: Attorney, Claggett & Sykes Law Firm

Address and telephone number (if different from notice address above): _____

(Signature) /s/: Sean K. Claggett

(Date) 01/04/2013

Telephone number: 702-655-2346

email: sclaggett@claggettlaw.com

**INSTRUCTIONS FOR
PROOF OF CLAIM
FORM**

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the case was filed (for example, District of Nevada), the debtor's full name, and the case number. If the creditor received a notice of the case from the court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address.

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on October 12, 2012.

Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company.